MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24454

701

1. PLACE OF DEATH

County .... Registration District No. .....1005..... File No. ....

Township _St Louis Mo_ Primary Registration District No. .... _Sanitarium_ Registered No. _5876_

City _St Louis Mo._ (No. ...., _Sanitarium_ St. .... Ward)

2. FULL NAME _Dora Rubin_

(a) Residence, No. _1446 Hamilton Av_ St., _13_ Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred _25_ yrs. — mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX _Female_ **4. COLOR OR RACE** _White_ **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) _Widowed_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _7/2/33_ , 19......

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ....

22. I HEREBY CERTIFY, That I attended deceased from _8/2/31_ , 19...... to _7/2/33_ , 19......

I last saw h... alive on _7/2/33_ , 19...... Death is said to have occurred on the date stated above, at _8 55_ P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Aug (?) 1871_

The principal cause of death and related causes of importance were as follows:

7. AGE — YEARS _About 61_ MONTHS _11_ DAYS _—_ If LESS than 1 day, ...hrs. or .....min.

Date of onset

Cerebral hemorrhage - apoplexy _7/1/33_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _Unknown_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _Unknown_ **11.** Total time (years) spent in this occupation _Unknown_

Other contributory causes of importance:

Arteriosclerosis _8/2/31_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Unknown Russia_

Name of operation .... Date of ....
What test confirmed diagnosis? _Clinical_ Was there an autopsy? _No_

13. NAME _Unknown_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Russia_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 19......

15. MAIDEN NAME _Unknown_

Where did injury occur? ....
(Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Russia_

Specify whether injury occurred in industry, in home, or in public place. ....

17. INFORMANT (ADDRESS) _S H Kohler 5400 Arena_

Manner of injury ....
Nature of injury ....

18. BURIAL, CREMATION, OR REMOVAL PLACE _Chesed Shel Emeth_ DATE _7-4_ , 19_33_

24. Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....

19. UNDERTAKER (ADDRESS) _Oxenhandler Funeral Dir 4469 Washington Blvd._

(Signed) _S H Kohler_ , M. D.

20. FILED _JUL 3 1933_ _J J Bredeck_ Registrar.

(Address) _5400 Arena_